

FINANCIAL INFORMATION  
RELEASE AND VERIFICATION

NOTE: APPLICANT(S) COMPLETES SECTION I ONLY AND RETURNS WITH APPLICATION TO LICENSING AGENCY. A SEPARATE LIC 404 IS REQUIRED FOR EACH BANK/FINANCIAL INSTITUTION WITH WHICH THE APPLICANT DOES BUSINESS.

I. TO BE COMPLETED BY APPLICANT(S)

I/WE \_\_\_\_\_  
NAME(S) (PLEASE PRINT)

HEREBY AUTHORIZE \_\_\_\_\_  
(NAME OF BANK OR FINANCIAL INSTITUTION)

\_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP CODE)

TO GIVE INFORMATION ON THE FOLLOWING ACCOUNT(S) TO LICENSING AGENCY IN SECTION II BELOW FOR UP TO ONE YEAR FROM THE DATE OF MY SIGNATURE.

CHECKING ACCOUNT(S) NO. \_\_\_\_\_ IN THE NAME(S) OF \_\_\_\_\_

SAVINGS ACCOUNT(S) NO. \_\_\_\_\_ IN THE NAME(S) OF \_\_\_\_\_

SIGNATURE(S) OF APPLICANT(S) \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS CITY/STATE/ZIP CODE FACILITY NAME

II. TO BE COMPLETED BY LICENSING AGENCY

(a) TO: (NAME AND ADDRESS OF BANK OR FINANCIAL INSTITUTION)

(b) FROM: DEPARTMENT OF SOCIAL SERVICES  
(NAME AND ADDRESS OF LICENSING AGENCY)

RE: FACILITY FILE NO.:  
FACILITY NAME:

III. TO BE COMPLETED BY BANK OR FINANCIAL INSTITUTION

THE APPLICANT(S) ABOVE HAS MADE APPLICATION WITH THIS DEPARTMENT FOR LICENSE TO OPERATE A COMMUNITY CARE FACILITY, CHILD CARE FACILITY, OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY. THEY HAVE INFORMED US THAT YOU MAY RELEASE THE FOLLOWING INFORMATION TO THIS AGENCY: (ACTUAL DOLLAR AMOUNT - **NO CODES**)

ACCOUNT INFORMATION AND STATUS: ☐ PERSONAL ☐ BUSINESS

DOES APPLICANT HAVE ANY OUTSTANDING LOANS?  
☐ Yes ☐ No (If Yes, complete below)

			CURRENT STATUS OF ACCOUNTS		
			CHECKING <input type="checkbox"/> Yes <input type="checkbox"/> No	SAVINGS <input type="checkbox"/> Yes <input type="checkbox"/> No	LINE OF CREDIT <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF LOAN	MONTHLY PAYMENT	PRESENT BALANCE	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)
SECURED—LOAN NUMBER	\$	\$	DATE ACCOUNT OPENED	DATE ACCOUNT OPENED	DATE ACCOUNT OPENED
	DATE LOAN OPENED	DATE OF FIRST LOAN PAYMENT	PRESENT BALANCE	PRESENT BALANCE	CREDIT LIMIT
	\$	\$	\$	\$	\$
UNSECURED—LOAN NUMBER	\$	\$	AVERAGE MONTHLY BALANCE	AVERAGE MONTHLY BALANCE	AVAILABLE BALANCE AS OF (DATE)
	DATE LOAN OPENED	DATE OF FIRST LOAN PAYMENT	\$	\$	\$
	Is account other than individual e.g., joint or trust? (If Yes, explain in Remarks Section below)	Is account other than individual e.g., joint or trust? (If Yes, explain in Remarks Section below)	MINIMUM PAYMENT \$		
APPLICANT'S PAYMENT HISTORY <input type="checkbox"/> FAVORABLE <input type="checkbox"/> UNFAVORABLE (Explain in Remarks Section below)			IS ACCOUNT SATISFACTORY <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain in the Remarks Section below).	IS ACCOUNT SATISFACTORY <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain in the Remarks Section below).	Any restrictions on this line of credit if so, explain below

REMARKS:

SIGNATURE OF OFFICIAL OF BANK OR FINANCIAL INSTITUTION TITLE TELEPHONE NUMBER DATE